



# TRANSMITTAL FORM

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|  |    |                      |                       |
|--|----|----------------------|-----------------------|
|  |    | Application Number   | 10/081,994            |
|  |    | Filing Date          | February 21, 2002     |
|  |    | First Named Inventor | Kyle Kafentzis et al. |
|  |    | Group Art Unit       | 1761                  |
|  |    | Examiner Name        | Becker, Drew E.       |
| Total Number of Pages in This Submission<br>(including this sheet) | 20 | Attorney Docket No.  | 2128.KKAF.PT          |

| ENCLOSURES (check all that apply)  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Appeal Communication:<br><input type="checkbox"/> Appeal Notice<br><input type="checkbox"/> Appeal Brief<br><input type="checkbox"/> Reply Brief<br><br><input type="checkbox"/> Assignment with Cover Sheet<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Check in the amount of \$_____<br><input checked="" type="checkbox"/> Credit card authorization in the amount of \$ <u>210.00</u><br><br><input type="checkbox"/> Declaration & Power of Attorney<br><br><input type="checkbox"/> Drawings ____ sheets<br><input type="checkbox"/> Formal <input type="checkbox"/> Informal | <input checked="" type="checkbox"/> Extension of Time Request<br><u>2<sup>nd</sup></u> month<br><input type="checkbox"/> Fee Calculation Table<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Form 1449<br><input type="checkbox"/> Copies of IDS References<br><input type="checkbox"/> Issue Fee Transmittal & Advance Order | <input type="checkbox"/> Maintenance Fee Transmittal<br>____ year<br><input type="checkbox"/> Missing Parts Response<br><input type="checkbox"/> Notification of Change of Attorney Address & Docket Number<br><input checked="" type="checkbox"/> Return Postcard<br><input type="checkbox"/> Revocation & Power of Attorney<br><input type="checkbox"/> Status Inquiry<br><input type="checkbox"/> Other: |
| Remarks  |  |   |

| SIGNATURE OF APPLICANT, ATTORNEY OR AGENT |   |  |             |
|---|---|--|-------------|
| Attorney for Applicant                    | Frank W. Compagni, Registration No. 40,567<br>MORRISS O'BRYANT COMPAGNI, P.C.<br>136 South Main Street, Suite 700<br>Salt Lake City, Utah 84101<br>(801) 478-0071 telephone; (801) 478-0076 facsimile |  |             |
| Signature                                 |   |  | Date 2-4-07 |

| CERTIFICATE OF MAILING UNDER 37 CFR § 1.8  |                   |  |             |
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| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, on the date indicated below, in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |                   |  |             |
| Typed or Printed Name  | Frank W. Compagni |  |             |
| Signature  |                   |  | Date 2-4-07 |